Section 34 , Township 51 N, Range 06	1/4,1/4 Gov't Lot (s)	PROJECT  Location  Legal Description: (Use Tax Statement)	Authorized Agent: (Pgfson Signing Application on behalf of Owner(s))	Contractor Rucky Pozzi	Address of Property:  22336 HW4 13	Wallace & Collegen NOZal	TYPE OF PERMIT REQUESTED-     LAND USE   SAN	INSTRUCTIONS. No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	ning Depart.	SUBMIT: COMPLETED APPLICATION, TAX STATEMENT ASD FEE TO:  Rayfield County
W Town of: (Se 1)	CSM Vol & Page Lot(s) No. Block(s) No.	PIN: (23 digits) 04-070-2-51-06-34-2 05-063-09ece	Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber: 7/5/774-3256	Cornucopia WI 54827	POBOX 341 Cornucopia WIS4	SANITARY   PRIVY   CONDITIONAL USE   S	Bayfield Co. Zoning Dept.	Date Scamp (Received) E 32015	APPLICATION FOR PERMIT
Lot Size	o. Subdivision:	Recorded Docume	ity/State/Zip):			WIS4827	🛮 SPECIAL USE 🗏 B.O.A.	Refund:	Date: Amount Paid:	Permit #:
Acreage		Document: (i.e. Property Ownership) Page(s) 3(5	Written Authorization Attached Pes No	Plumber Phone:	Cell Phone:	Telephone: 715-742-3450	).A. OTHER		7-20-15 2-20-15	12-880-12

Section 34	, Township	~	N, Range <b>D</b> W	Town of:	= 2		Lot Size	že	Acreage	190
	☐ Is Property/Land within 300 feet of F	Land within	liver, 5	tream (incl. Intermittent)	Distance Stru	Distance Structure is from Shoreline:	eline :		ls Property in	Are Wetlands
☐ Shoreland —	☐ Is Property,	Land within	Lake,	Pond or Flowage If yescontinue	Distance Stru	Distance Structure is from Shoreline:	eline : feet		No es	Yes XYes
Non-Shoreland										
Value at Time of Completion * include donated time &	Project	4	# of Stories and/or basement	Use	# df bedrooms	Sew	What Type of wer/Sanitary Syste is on the property?	What Type of er/Sanitary Sys on the propert	What Type of Sewer/Sanitary System Is on the property?	Water
	□ New Construction	ruction	1-Story	ା Seasonal	<b>1</b>	_∠ Municipal/City	City			□ City
	$ec{eta}$ Addition/Alteration	Iteration	☐ 1-Story + Loft	$ ot \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	□ 2	□ (New) Sanitary		Specify Type:	Туре:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2440.	□ Conversion		□ 2-Story		3	☐ Sanitary (Exists) Specify Type:	(ists)	ресіту	Туре:	
	Relocate (existing bldg)	disting bldg)	<ul><li>Basement</li></ul>	,		□ Privy (Pit)	or	Vault	Vaulted (min 200 gallon)	(n)
***	Run a Business on	less on	1/ \		Al None	☐ Portable (w/service contract)	/service	contr	act)	
<u> </u>	Property		☐ Foundation			Compost Tollet	let			
		American de la composição de la composiç	***************************************			None				
Existing Structure: (if permit being applied for is relevant to it)  Proposed Construction:	(if permit bein	ig applied to	r is relevant to it)	Length: 12	7	Width:			Height:	1
Proposed Use				Proposed Structure	re	, and		D m	mensions	Square
		Principal S	Principal Structure (first structure on property)	ure on property)			_		×	
		Residence	Residence (i.e. cabin, hunting shack, etc.	hack, etc.)			_		×	
			with Loft						×	
Residential Use	ř		with a Porch						× ×	
			with a Deck				_		×	**************************************
			with (2 <sup>nd</sup> ) Deck				(		x )	
Commercial Use	se		with Attached Garage	age					×	
		Bunkhous	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	sleeping quarters,	<u>or</u> □ cooking &	, food prep facilitie	s) {		×	
		Mobile Ho	Mobile Home (manufactured date)	re)			_	12	× /4 )	168
	, d	Addition/	Addition/Alteration (specify)	DecK		PARTY TO THE PARTY	_		× _)	
□ Municipal Use		Accessory Building	<b>Building</b> (specify)						× 	
		Accessory	Accessory Building Addition/Alteration (specify)	Iteration (specify)	PROPERTY				×	
Rec'd for Issuance										
	_	Special Us	Special Use: (explain) PAMD	7 P			_		×	
	E	Condition	Conditional Use: (explain)						×	
		Other: (explain)	plain)			4	_		×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple on the Deed All Owners nust sign or etter(s) of authorization must accompany this application) Date \_ July 17, 2016

**Authorized Agent:** Address to send permit (If you are

gon behalf of the More Sola letter of authorization must accompany this application)

Date

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

APPLICATION FOR PERMIT

BAYFIEDD COUNTY WISGONSIN

Refund:

JUN 25 2015 Permit #: Amount Paid: J # 0

Bayfield Co. Zoning Dept.

YPE OF PERMIT REQUESTED>	Y Catal	- V I AND USE	J	SANITARY   PRIVY		I IANCITIC	□ CONDITIONALLISE □ SPECIAL USE	1211 11SE	∃ B O A.	998	OTHER
wner's Name:				Mailing Address:	*	City/State/Zip	ate/Zip:	u .) < < //>///>		Telephone:	Telephone: 612 86 8 451/
Address of Property: 19570 Moc				City/State/Zip:	2 (2)	MANN				Cell Phone:	iD 
	Demo	define	_ 1	Contractor Phone:	Plumber:					Plumber Phone: M K	hone:
uthorized Agent: (Pers	son Signing Appl	ication on behalf b		Agent Phone:		lailing Addres	Agent Mailing Address (include City/State/Zip):	state/Zip):		Written Authoriz Attached <b>1/4</b>	Written Authorization Attached <i>n/a</i> □ Yes □ No
PROJECT LOCATION	Legal Description:		(Use Tax Statement)	PIN: (23 digits)	-51-06-	·31-4 c	06-31-4 05-002-100	Recorded Do	Document:	(i.e. Prope	Recorded Document: (i.e. Property Ownership) Volume 1 2 Page(s) 4 Page(s)
1/4,	1/4	Gov't Lot	ot Lot(s)	CSM Vol	Vol & Page V. 634 p. 50	Lot(s) No.	Block(s) No.	Subdivision:	ň		
Section3	, Township	57	N, Range	W Town of:	nof: Bell			Lot Size 75, 1	200	Acreage	<i>∞</i> °°
``	☐ Is Property Creek or Lan	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	00 feet of River, Floodplain?	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶		Distance Structure	re is from Shoreline :fee	eline : feet	ls Property in Floodplain Zone?	erty in n Zone?	Are Wetlands Present?
\Shoreland▶	Vis Property	y/Land within 1	Ns Property/Land within 1000 feet of Lake,	y, Pond or Flowage	₩	Distance Structure	are is from Shoreline :	eline :	□ Yes	P, es	□ Yes
Non-snoreland						-	•				
value at Time of Completion * include donated time &	Project		# of Stories and/or basement	ent Use		# of bedrooms	Sew Is	What Type of wer/Sanitary Systems on the property?	What Type of Sewer/Sanitary System is on the property?		Water
	☐ New Construction		1 1				1 1				□ City
8/	Addition/Alteration Conversion	Iteration	☐ 2-Story + Loft	oft Year Round	(ound		☐ Sanitary (Exists) Specify Type:	ists) Specify	ify Type:	mate and real december and another statements	Well
		T	<ul><li>□ Basement</li><li>□ No Basement</li></ul>	nt		None	Privy (Pit) or Vaulted ( Portable (w/service contract)	v/service co	contract)	200 gallor	
X .	. 3	Sterrung	Foundation	*	د	2/2	□ None	)llet	6		N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/
Existing Structure: (If permit being applied for is relevant to it)	(if permit bei	ng applied for J	s relevant to it)	Length:			Width:			Height:	
Proposed Construction:	ion:			Length:		-	Width:		Hei	Height:	
Proposed Use	•			Proposed Structure	Structure			0	Dimensions	S	Square Footage
		Principal St Residence (	ructure (first s i.e. cabin, hunt	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	perty)				×	_ _	
			with Loft				emple market de charte de particular de constante de constante de constante de constante de constante de const		×	,   _	
* Residential Use	0		with a Porch	다.				1-	×	_	
			with a Deck				and the same and the same and the state of the same and t		×	-	
			with (2 <sup>nd</sup> ) Deck	*					< ×	_	
Commercial Use	se	- Commence of the Commence of	with Attached Garage	Garage				-	 		- The state of the
		Bunkhouse	Bunkhouse w/ (□ sanitary, or	or Sleeping quarters,	or 🗆	cooking & fo	cooking & food prep facilities)	(s)	< ×	-	
		Mobile Hor	Wiobile Home (manufactured date)	ed date)				_	×  >	- -	
☐ Municipal Use		Accessory Building	Building (specify)	city)					×		
Rec'd for Issuance	nce	Accessory E	Building Additi	Accessory Building Addition/Alteration (specify)	(specify)	To a decimination of the control of			×		
E N S		Special Use: (explain)	: (explain)	- Andrew - Health and William Printers of the	į				×		
		Conditiona	Conditional Use: (explain)	Turan				<u> </u>	3	+	3
Secretarial Staff	-	Other: (exp	Other: (explain) Spallway	rway				(800	×		320

Owner(s): (If there are Multis

isted on the Deed All O

must sign or letter(s) of

authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES or experience. I (we) acknowledge that I (we) by accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) you all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

Authorized Agent:

(If you

Address to send permit

216 Kexmytem Plungsof St are signing on behalf of the owner(s) a letter of

Pul MID

55/69

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- Show Location of: Show / Indicate:
- Show Location of (\*):
- Show: Show:
- (2) (4) (5) (5) (7)
- Show any (\*): Show any (\*):

- Proposed Construction

  North (N) on Plot Plan

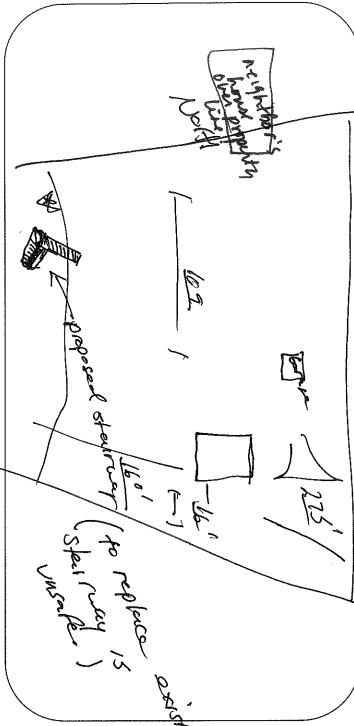
  (\*) Driveway and (\*) Frontage Road (Name Frontage Road)

  All Existing Structures on your Property

  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

  (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet		Setback to Privy (Portable, Composting)
		Feet		Setback to <b>Drain Field</b>
Feet	Setback to Well	Feet		Setback to Septic Tank or Holding Tank
			1	
Feet	Elevation of Floodplain	Feet	270	Setback from the East Lot Line
□ Yes VNo	20% Slope Area on property	Feet	160	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	16	Setback from the <b>South</b> Lot Line
		Feet	109	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff			
- Feet	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
160 % Feet	Setback from the Lake (ordinary high-water mark)	Feet	275	Setback from the Centerline of Platted Road
•				
Weasurement	Description	nent	Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date): Rea	Reason for Denial			
Permit #: 15-0355 Per	Permit Date: 7-20-15			
Is Parcel a Sub-Standard Lot Pes (Deed of Record) Is Parcel in Common Ownership Pyes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Pyes	t(s)) I No Mitigation Required Mitigation Attached	□Yes XNo □Yes XNo	Affidavit Required	□ Yes \Vno □ Yes Xwo
Granted by Variance (B.O.A.)	( Previgusly Gra	Previously Granted by Variance (B.O.A.)  See Yes XVo Case #.	*	
Was Proposed Building Site Delineated XYes 🗆 No	Were Pro	Were Property Lines Represented by Owner Was Property Surveyed	Xes	□No
Inspection Record: Existing stairman falling apart.	falling appare		Zoning District ( Lakes Classification (	
Date of Inspection:	Inspected by: CROSNEDG. Nuco Ha	MORN. O	Date of Re-Inspection:	n:
Condition(s): Town, Committee or Board Conditions Attached? 17 yes 1 No-(If No they need to be attached.)  Factly distribute a chuities shall be winted to be attached.)	O Yes O No — (If No they need	to be attached.)	されてき	5 7 7 9
structure shall be no more than the wine two harding structures	STA WALL SO	O LANDIR STAN	BE TO REALTER	7
Signature of Inspector: 6 Can Structum 51K	7 5864 2	Box est Management Practise	Date of Approval:	\$ - 8x
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:		100

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

JUL 062015

Bayfield Co. Zoning Dept.

Permit #: Refund: Date: Amount Paid:

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	_ .	×	7		months or c	4.000000		Othor: /ou		₹ <	
	_	×	-	***************************************			Conditional Lice: (explain)	Condition	1		
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			-	AND THE PROPERTY OF THE PROPER		- 1	o			Doo'd for Issuence	
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72V	16)			A A A A A A A A A A A A A A A A A A A		grand	Building (specify)	Accessory Building	X) [	☐ Municipal Use	
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	- -	×	╡,	food prep facilities)	or Ti cooking &	clooping quarters	with Attached Ca	Biinkhair			1
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		×	+				with a Deck				
- Address of the Addr		× >	-				with (2 ) Porch				
		×	$\dagger$			of earneash to the transfer to the contract of	with a Porch			Residential Use	7
	-	×	<del> -</del>	mercel medicated and the second secon			with Loft	The state of the s		,	
		×				shack, etc.)	(i.e. cabin, hunting shack, etc.	Residence			
Square Footage		Dimensions X			ře	Proposed Structure ture on property)	Proposed Structu Principal Structure (first structure on property)	Principal (		Proposed Use	
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, F	Height: /O	He He	- «نر - ا	Width:	9	Length:	ris relevant to it)	ng applied for	ermit bei	Existing Structure: (If permit being applied for is relevant to it)  Proposed Construction:	u m
	Period for the first field for the first field for the first field			None							
1			et	☐ Compost Toilet		***************************************	☐ Foundation		Property		
		ıntract)	ervice co	☐ <b>Portable</b> (w/service contract)	None N		☐ No Basement	iness on	Run a Business		
	Vaulted (min 200 gallon)	ulted (min	,  \$	F			Basement	Relocate (existing bldg)	Relocate (ex	10,000	
□ X well	- The state of the	Specify Type: _	tel che	Canifory (Evicts) Specify Type:	2 2	Year Round	- 1	Addition/Alteration	dition/		٠. خ
City		in This is		Municipal/City			1-Story	New Construction	w Cons	N.V.	
:					10000					materia)	
Water	n	What Type of Sewer/Sanitary System is on the property?	What Type of er/Sanitary Sy: on the propert	y Sewer Is or	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	<b>Project</b> tare you app	Value at Time of Completion * include donated time &	
										Non-Shoreland	
□No			ine : _ feet	cture is from Shoreline :	Distance Structure	Pond or Flowage  If yescontinue →▶		//Land within	Propert,	Shoreland —▶	
Are Wetlands Present?	Is Property in Ar Floodplain Zone?	Is Prop Floodpla	ine : feet	cture is from Shoreline :	Distance Structure	Stream (incl. Intermittent) If yescontinue	☐ Is Property/Land within 300 feet of River, Stre Creek or Landward side of Floodplain? If y	//Land within dward side of	Property ek or Lan		
						Bell	N, Range 6 W	3	, Township	Section 33	
	Acresage	)	Subdivision:	BIOCK(S) NO.	Lot(s) No.		Lot Cot(s) CSM	Gov't Lot	_ 1/4	1 1	
26.3	Page(s) <u>363</u>	2	Volume_	01-70we	<b>₩</b>		tatement)	1	Legal Description:	PROJECT Legs	N. S. GA
Ownershin)	☐ Yes ☐ N	Document	Bacardon	B	Andrew Springers of the					Ailligenation	
prization	Written Authorization Attached		te/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Add		_	(Person Signing Application on behalf of Owner(s))	gning Appli	. ₹	₽
Ē.	Plumber Phone:			K	Plumber:	Contractor Phone: P アノンターターからも	Contr		) on hay	contractor:  Steve Dev	င်
	Cell Filonie			54827	H	City/State/Zip: Cornuspia	O.§		Bretary	roperty:	٠, Þ
8175-	920-648-	H	2	who milk	489 6	15754 Hu	frenski N	Szafr	Sandra	and.	£.2.
ק	A. OTHER  Telephone:	□ B.O.A.	LUSE	JNAL USE □ SPECIAL USE City/State/Zip:	CONDITIONAL USE   City/State/	□ PRIVY □ Address:	□ SANI	☐ LAND USE	Hen-₩	TYPE OF PERMIT REQUESTED—> Owner's Name:	واع
z/zoning/as	yfieldcounty.or	ite www.ba	our webs	PLICAT	N DO I FILL OUT TH		ertment. E BEEN ISSUED TO APPLIC	nty Zoning Dep PERMITS HAVI	yfield Cou UNTN ALL	Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	DOI
					Sales Constitution		e pard. (	until all rees ar	ne issuen	NSTRUCTIONS: No permits will be issued until all fees are paid.	ISM!

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Address to send permit

Authorized Agent:

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must

Hold For Sanitary: U   Hold For \BA:	<b>W</b>	shalf not exceed 1	of the fram pro-	Condition(s):Town, Committee or Board Conditions Attac		inspection Record: called + spoke settle ocle + wath ob t		Granted by Variance (B.O.A.)  UYES: TWO Case #:	Lot XYeship	8	Issuance Information (County Use Only) Permit Denied (Date):	Proof to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other proposed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dw.  The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure within ten (10) feet of the mi other previously surveyed corner or marked by a licensed surveyor at the owner's	Setback to Drain Field Setback to Drain Field Setback to Drain Field	Setback to Sentic Tank or Holding Tank	Setback from the <b>West</b> Lot Line Setback from the <b>East</b> Lot Line	Setback from the <b>North</b> Lot Line Setback from the <b>South</b> Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)		となれ		Man' +		Show Location of: Show Location of: Show / Indicate: Show Location of (*):
Hold For Affidavit:		ft. Building no	रसं खें रूप	hed? If Yes I No I I No they need to	Inspected by:		ONO STREET ON CON		s (Deed of Record) <b>Day Sub Mit</b> igation Required s (Fused/Contiguous Lot(s)) <b>XNO</b> Mitigation Attached	<b>[</b> -ig]	Reason for Denial:	Contract Number Construction of a Structure more than ten (10) feet but less than thirty (30) feet from the minimum required serback, the boundary line from which the setback must be measured confer to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the reyor at the owner's expense.  Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and the construction of Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	) feet of the minimum required setback, the boundary line from was the owner's expense.		A Feet Setback to Well		100 Feet Setback fro	Feet Feet	Measurement	ntinuing) closest point)	Blueborry Lane	10 X 100 X 100 X	1 Course Existent	New Superior	es on otic Ta *) Str Slope	Property (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage)
Hold For Fees:		- approved to m	sty mation pounds		Mag Land	the huiding to Lakes Classifica	8 9	Wariance (B.O.A.) Case	□ Yes ¹	90-15 Brever	# of bedrooms:	Is serback, the boundary line from which the setback must be most set from a known corner within 500 feet of the proposed site of the p	which the setback must be measured must be visible from one pr		Well	Setback from 20% Slope Area Elevation of Floodplain	m Wetland	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Nust be approved	99. I frontage				DF); $(*)$ Holding Tank (HT) and/or $(*)$ Privy $(P)$	age Road)
	7-20-15	Target Talet	1	るる。	of Re-Inspection:	Zoning District ( 2 ) Lakes Classification ( 1 - 3 )	Tyes Stand+ Haggher		hed Pes No			sed site of the structure, or must be seed site of the structure, or must be privy (P), and Well (W).  Jun.	previously surveyed corner to the		جر Feet	Feet	30 Feet	ήρο Feet Feet Feet	Measurement	by the Planning & Zoning Dept.					P)	

STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58

00 :05/S

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DANSE OF THE PROPERTY OF THE

Refund: Date: Permit #: Amount Paid: 7-25-15

50068

V

2,00

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION INSTITUTE ALL PERMITS HAVE REFURE

Washburn, WI 54891 (715) 373-6138

Bayfield Co. Zoning Dept.

<u> </u>	Shoreland	Section 29	1/4,	PROJECT LOCATION	Authorized Agent: (Per	Contractor:	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED→	
Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain?   If yescontinue	Section 29, Township 5, N, Range 66	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		87370 E. ROWANS But ROW	M. #1	☐ LAND USE	PO 1001 JIME CONDINOCINA CONTRACTOR FOR ENTERING MAYOUTE BOOKE TO ATTICANT
te, Pond or Flowage	r, Stream (incl. Intermittent) If yescontinue	W Town of:	CSM Vol & Page	<u>PIN</u> : (23 digits) 04-	Agent Phone:	Contractor Phone:	Cly State/Zb:	Mailing Address: 6300 COLOW	IITARY   PRIVY	AFFICANT.
Distance Structure is from Shoreline :fee	Distance Structure is from Shoreline :	Ku	Lot(s) No. Block(s) No.		Agent Mailing Address (include City/State/Zip):	<b>f</b> lumber:	LASAS IM	Mailing Address: 6300 COLC WILAC VA City/State/Zip: APPART NEW 383	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE	
*		Lot Size	Subdivision:	Recorded Docume	/State/Zip):		£	MN 524		
□ No	r in	Acreage		Document: (i.e. Property Ownership) Page(s)	Written Authorization Attached ☐ Yes ☐ No	Plumber Phone:	Cell Phone:	Telephone:	■ B.O.A. □ OTHER	
□ No	Are Wetlands Present?			y Ownership)	horization No	one:	372		ER	

M

If yes---continue

Proposed Construction:	<b>Existing Structur</b>						100 PM	<b>^</b>		Value at Time of Completion *include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to	THE STATE OF THE S	このも名が古	Property	☐ Run a Business on	☐ Relocate (existing bldg)	Conversion	☐ Addition/Alteration	☐ New Construction	Project
	<u> </u>	100		□ Foundation	☐ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	X1-Story	# of Stories and/or basement
Length:	Length:	Series A						☐ Year Round	X Seasonal	Use
					□ None		□ 3	□ 2	7	# of bedrooms
Width: Height:	Width: Height:	(2) X X X X X X X X X X X X X X X X X X X	☐ None	□ Compost Toilet	☐ Portable (w/service contract)	X Privy (Pit) or XVaulted (min 200 gallon)	X Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
				L	L	'	5	Well	□ City	Water

Proposed Use	✓ Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	×	
- Indiana	Residence (i.e. cabin, hunting shack, etc.)	×	
	with Loft	×	
Residential Use	with a Porch	×	
	with (2 <sup>nd</sup> ) Parch	× )	
- Anderson	with a Deck	×	
	with (2 <sup>nd</sup> ) Deck	×	į
☐ Commercial Use	with Attached Garage	( x	
	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $X$ sleeping quarters, or $\square$ cooking & food prep facilities)	( 12×12)	141
-	Mobile Home (manufactured date)	( x )	
:	Addition/Alteration (specify)	( x )	
U Wunicipal Use	Accessory Building (specify)	( x )	-
Rec'd for Issue	Accessory Building Addition/Alteration (specify)	( x )	
	Special Use: (explain)	( x )	
	Conditional Use: (explain)	( x )	
Secretarial Staff	Other: (explain)	x )	
APPROXIMATION OF THE PROPERTY	**************************************		

Jracy c...ving on this...dasonable time is...dasonable time is...d

Authorized Agent:

(If there are My

Address to send permit 💆

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) with 6300~COLOM (ALL WAY, KPARTME

MEMENT 288

Date

S

MEM 555 Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Ho Si	Seel Seel Seel Seel Seel Seel Seel Seel	*	partia
Signature of Inspector:	Setback to Septic Tank or H Setback to Septic Tank or H Setback to Drain Field Setback to Privy (Portable, or Prior to the placement or construction on previously surveyed corner to the or previously surveyed corner to the or marked by a licensed surveyor at the or marked by a licensed surveyor at the or marked by a licensed surveyor at the or lissuance Information (Permit #:   Septical Tanks   Septical in Common Owners is Structure Non-Conform Septical in Common Owners is Structure Non-Conform Granted by Variance (B.O.A.)  Was Proposed Building Site Inspection Record:  Was Parcel Lega Was Parcel Lega Was Proposed Building Site Inspection Record:  Condition(s):Town, Committee	Please comp  Please comp  (8)  Setback from th Setback from th Setback from th Setback from th	765432
Op toward ector:  Hold Fc	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within other previously surveyed corner to the other previously sur	Please complete (1) — (7) above (prior to continuing)  (8) Setbacks: (measured to the closest  (8) Setbacks: (measured to the closest  Description  Setback from the Centerline of Platted Road Setback from the Established Right-of-Way  Setback from the North Lot Line Setback from the West Lot Line Setback from the West Lot Line	Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*):
Hold For Text	Tank or Holding Tank  Feet  Setback to Well  Feet  Feet  Setback to Well  Feet  Setback to Well  Feet  Feet  Feet  Feet  Setback to Well  Feet  Fe	te (1) – (7) above (prior to continuing)  Setbacks: (measured to the closest point)  Description  Meas  Centerline of Platted Road  Established Right-of-Way  Morth Lot Line  West Lot Line  West Lot Line  Fast Lot Line	÷.
On:	In ten (10) feet of the minimum surveyor at the owner's expens e than ten (10) feet our less than rowyed comer, or verifiable by the seed Location(s) of New One & Two Familt The local Town, Villag (Deed of Record)  (Pused of Record)  (Pused Contiguous Lott(s))  (Pused No A A A A A A A A A A A A A A A A A A		North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures o (*) Well (W); (*) Septic (*) Lake; (*) River; (*) S( (*) Wetlands; or (*) Slo
Hold For Affidavit:	Feet Feet Feet Feet Feet Feet Feet Feet	Suremen	North (N) on Plot Plan  (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) a  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
Ffidavit:	tt Setback to ltt  tt Setback to ltt  tt Setback to ltt  k. the boundary line from w k		lan *) Frontage Road (Name Front res on your Property ptic Tank (ST); (*) Drain Field ! (*) Stream/Creek; or (*) Pond ) Slopes over 20%
	Setback to Well  Setback to Well  Setback to Well  Indicate the from which the setback must be measured must be measured setback, the boundary line from which the a corrected compass from a known corner within 500 feet of a corrected corner within 500 feet of a corrected corner within 500 feet of a corrected corner within 500 feet of	Changes in plans r Changes in plans r Changes in plans r Description Setback from the Lake (ordinan Setback from the Bank or Bluff Setback from Wetland 20% Slope Area on property Elevation of Floodplain	rontage Road) eld (DF); (*) Ho
Hold For Fees: □	he setback must be measured must hand ack, the boundary line from which the maximal form a known corner within 500 feet of the life Construction or Use has quired To Enforce The Unitabo require pergrits.  # of bedrooms:  # of bedrooms:  # of bedrooms:    # of bedrooms:		olding Tank (H
James C.	must be measured must be visible from one previously surveyed corner to undary line from which the setback must be measured must be visible from corner within 500 feet of the proposed site of the structure, or must be form corner within 500 feet of the proposed site of the structure, or must be structure.  I (DF.) Holding Tank (HT.) Privy (P), and Well (W).  Truction or Use has not begun.  I o Enforce The Uniform Dwelling Code.  Unife perprits.  Samtary Date:  Samtary Date:  Samtary Date:  Affidavit Attached Pes No Affidavit Attached Pes No Affidavit Attached Pes No Case #:  Case #:  Case #:  Lakes Classification (Lakes Classification)  Lakes Classification (Lakes Classification)		T) and/or (*) <b>Privy</b> (P)
Date of Approval:	st be visible from one previously surveyed corrections the setback must be measured must be visible of the proposed site of the structure, or must ank (HT). Privy (P), and Well (W), as not begun.  If orm Dwelling Code.  Samtary Date:  Affidavit Required Pes Affidavit Attached Pes Affidavit Attached Pes Zoning District Lakes Classification ( Date of Re-inspection:		rivy (P)
7-2-	surveyed corner to the surveyed corner to the must be visible from thure, or must be with the with the wind that the wind the	Measurement  Fee Fee Fee Fee Fee Fee Fee Fee Fee F	)

